Chapter 14

Quality Assurance and Utilization Review

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EDITOR'S NOTE: Dr. Fouras was asked to devise a system for quality assurance and utilization review that would better serve VOC Program claimants. The California Victim Compensation and Government Claims Board has yet to consider these recommendations formally, and any actions they might take to implement any or all or these recommendations would doubtless take place over a period of time. The basic elements of the system require a significant departure from present VOC Program procedures and would demand more from both the VOC Program and the mental health providers who are reimbursed by the program. The recommendations are presented in their entirety in hope that this chapter represents a starting point for a dialogue between the VOC and the mental health community that will lead to a more efficient and effective system of quality assurance and utilization review.

Introduction

Reasons for Quality Assurance and Utilization Review

"The search for quality in medicine is like the search for the perfect mother: approximations are found, the search continues, and hope endures" (Mattson, 1992). By design, the structure and goals of peer review (PR), quality assurance (QA), and utilization review (UR) are linked in order to improve the quality of services delivered to patients and increase the probability of a good outcome. This raises the questions of "why have quality?" and "what is quality?" (JCAHO, 1988). To put it simply, the goal of quality assurance activities is to find the balance between the allocation of scarce resources and the quality of care. Quality is more difficult to define because of its subjective nature. For example, providers, patients, and payers of services may have different thoughts as to what the goals and objectives of treatment should be (Donabedian, 1988).

Guiding Principles of the CVCGCB

The California Victim Compensation and Government Claims Board, Victims of Crime Program is charged with the administration of funds to aid people who have been victims of a crime or their derivatives (see the "Administrative Issues" chapter). It is the hope and expectation that the treatment provided will result in a positive outcome, resulting in the alleviation of symptoms that have occurred as the result of the crime. The Victims of Crime Program acknowledges that everyone responds differently to treatment. With regard to mental health services, some children respond rapidly while others may take more time. In some cases, there will be a single treatment episode, while others may require intermittent treatment to best meet their needs.

It is the expectation of the Victims of Crime Program that therapists operate in the best interests of the child. In general, the therapist is expected to perform a thorough assessment, develop a treatment plan with appropriate goals, and plan for an eventual discharge from treatment. During treatment, the therapist is expected to review progress on an ongoing basis, and to form opinions on what works, what does not work, and what needs to change if therapy is not working. This information must be communicated to the Victims of Crime Program so that decisions can be made regarding funding of treatment and planning for an optimal outcome.

The remaining portion of this chapter explains the process and rationale of the quality assurance activities of the Victims of Crime Program. JCAHO (1988) describes the fundamental process of QA/UR as:

- Monitoring the care provided
- Periodic evaluation of care
- Identification of deficiencies of care
- Identification of excellence of care
- Recommendations for improvement
- Acknowledgment of excellence

Quality Assurance and Utilization Review

Definitions

Quality assurance and utilization review (QA/UR) is based on the use of norms to define criteria that are used to develop standards of care. Norms are either numerical or statistical measures of actual clinical practice (Mattson, 1992). Criteria are statements — usually developed by professionals — that are based on the literature or clinical expertise, and that define appropriate care (Tischler & Astrachan, 1982). Standards are the ranges within which the expected level of care may vary from a norm or criterion.

Utilization review is a process where the services being delivered are examined for appropriateness given the symptoms or situation. It attempts to answer the question of whether services are necessary or sufficient. Therefore, there can be overutilization, misutilization, and underutilization. **Quality assurance** is the process of determining whether the services being rendered are accomplishing the goals that have been set. Is the service being delivered the most efficacious treatment available considering such factors as acuity, time frame, and fiscal issues?

Confidentiality

All proceedings regarding providers must include the stipulation of being confidential. This includes credentialing, all reviews and audits. The only exception occurs when there are irregularities that necessitate reporting to a national or state database, initiation of proceedings as a result of an ethical violation, or a reporting requirement to a licensing board.

There are several protocols that may be developed in order to ensure both that a high standard of quality is obtained, and also to make this a fair and unburdensome process for clinicians. Arguably, the easiest way — one that has already been implemented by several other agencies — is the institution of a credentialing process which would maintain a list of approved providers and agencies. The use of a panel of providers serves several purposes. Chief among these is the assurance that those who are performing services meet minimal criteria and certification requirements (for more information, see the "Provider Qualifications" chapter). In addition, by agreeing to be a part of the panel, providers also agree and acknowledge the criteria and process of peer review, quality assurance and utilization review that is developed by the Victims of Crime Program. In exchange, a member of a panel would benefit from having expedited reviews, authorization of services, and rapid payment of claims. In general, factors to be considered when credentialing providers include:

- Cultural competency
- Language proficiency
- Expertise with diagnosis
- Expertise with areas of treatment
- Possession of a valid professional license

Guidelines for Quality Assurance

Victim of Crime Program Eligibility

Whether a particular child is eligible for Victim of Crime reimbursement for mental health services depends on several factors (see the "Administrative Issues" chapter). Clinicians risk financial losses when they anticipate Victim of Crime reimbursement for services provided to clients who do not meet program eligibility criteria. Clinicians are encouraged to become familiar with the VOC Program eligibility criteria and application process. Since clinicians often treat child crime victims in "good faith" and with reasonable expectations that the claim will be approved, the task force recommends that the Victim of Crime Program develop a consultation method for advising clinicians early in treatment (within the first six sessions) regarding whether a claim is likely to meet eligibility criteria, or whether there are any "red flag" indicators present that are likely to disqualify the claim. It is also recommended that an eligibility appeal process be considered in which the Quality Assurance Mental Health Unit has the discretion to authorize payment for up to ten sessions when mental health services were provided in good faith to child crime victims, whose claims failed to meet eligibility criteria for reasons that a clinician could not reasonably anticipate at intake.

Assessment Process

The following guidelines apply to cases in which Victim of Crime Program eligibility has been established. The assessment process is a key component to beginning the treatment process for victims of crime. It is anticipated that 4–6 sessions will be required to adequately assess a child, form a diagnosis, and develop a treatment plan. Since the majority of cases require approximately six months or less of treatment, the initial authorization period will be 30 sessions, with the assumption that therapy occurs on a once a week basis, in most cases. In general, the Initial Treatment Plan includes the following factors:

- Nature of the qualifying crime
- Characteristics of the qualifying victim
- Diagnosis that is consistent with history and symptoms
- An appropriate level of care
- A consistent treatment plan
- A target date for termination is present

The Victims of Crime Program is encouraged to develop a specialized network of designated, credentialed providers (agency and private practitioners) who are authorized to conduct both assessment and treatment of child crime victims. The development of regional provider networks is encouraged, with opportunities for training by the Victim of Crime Program and mental health consultants, as well as opportunities for access to professional consultation and peer support. This would require a high degree of collaboration between the Victims of Crime Program and mental health providers, but has the potential to better serve child crime victims by providing a wider referral network of qualified treatment providers. Providers could assist the Victim of Crime Program in resolving the barriers that make many highly qualified providers unwilling to treat Victim of Crime eligible children.

Ongoing Treatment and Criteria for Review

The task force proposes that the Victims of Crime Program establish ongoing utilization review committees to be responsible for reviewing the progress reports of non-contract providers. Since each case involves complex situations with subtle variations in diagnostic impression, it is essential that mental health professionals be involved in this process, both as reviewers and as administrators of the process. These committees will meet at specified regular intervals. In order to preserve the current Victims of Crime structure, reviews will be tailored for two groups: contract providers and non-contract providers. In general, contract providers will be reviewed through a process resembling an audit. Non-contract providers ideally will submit reports at intervals of 30 sessions (6 months) if further sessions are requested. Crime Victim Restitution Officers will screen progress reports, with consultation from licensed professional staff.

In summary, the following review criteria will apply to each group as follows:

Non-contract providers will submit a progress report that includes:

- Severity of symptoms
- Current level of functioning using the GARF scale.
- Working diagnosis
- Treatment plan and goals (Are methods consistent with the best standards of practice?)
- Narrative which expands on identified issues

Contract programs (non-profit providers) report as follows:

- Clinical audit to be conducted yearly
- Audited claims to be randomly selected
- Total audit of approximately 10-15% of claims

Progress reports will be reviewed according to the following criteria:

Psychotherapy

- Is the diagnosis consistent with symptoms?
- Is the modality of therapy consistent with the diagnosis, the developmental stage, and the cognitive abilities of the patient?
- Are the goals of treatment appropriate?
- Is progress towards the goals being made?
- Are alternative therapies or services indicated in addition to or in place of the current treatment?

Psychotropic Medication

- Is the medication appropriate for the symptoms and diagnosis?
- Is the dosage prescribed reasonable?

Polypharmacy

- Has an adequate trial of monotherapy been attempted?
- Is the combination safe?
- Is the combination appropriate?

QA Committee Review

During the UR/QA review process, a determination will be made as to whether to authorize additional treatment sessions. Alternatively, questions may arise regarding the treatment that will need to be addressed. As a result, the authorization may be for less than 30 sessions, in order to stimulate a review sooner to provide requested information. For each situation, the following factors need to be considered:

If reauthorization is approved…

- Positive feedback will be made with each progress report to acknowledge strengths or positive aspects of the treatment provided.
- Constructive feedback may include:
  - Increasing the number of sessions per week
  - Decreasing the number of sessions per week
  - Suggesting a higher level of care
  - Suggesting a MDT (multi-disciplinary treatment) review with vested participants.
  - Suggesting an alternative form of therapy/ treatment
  - Suggesting an ancillary form of therapy/ treatment
- Date set for the next review.
  - Standard course (30 sessions)
  - Less than the standard amount if significant questions are raised that need to be addressed by the therapist earlier than would be acceptable for a standard number of sessions.
  - More than standard amount if treatment issues are recognized as such that a longer period of time is allowed before further review, or the therapist is known for exceptional work, and less oversight is required, or a greater intensity of treatment is indicated.

If reauthorization is denied…

- Reasons for denial of further authorization must be based on criteria previously developed and published by the Victims of Crime Program.
- The review committee may need more information before a determination of further need for treatment can be made.
- The provider must have access to an appeals process in the event that there is a disagreement with the review committee's decision. This most likely will be in the form of an evidentiary hearing before the CVCGCB.

It is important to note that all treatment needs to be pre-authorized. Therefore, it behooves a provider to submit appropriate information and reports before the final session of the approved treatment period. In general, claims will not be paid retroactively unless there are mitigating circumstances that caused a delay in submitting the progress report.

Grounds for Removal from Provider Panel

Once a practitioner has been credentialed, a relationship is created between the Victims of Crime Program and the provider. This implies certain responsibilities that both entities must perform for their mutual good. In the event that there are difficulties, care must be exercised to resolve problems in an equitable manner. In the event that differences are irreconcilable, procedures must be in place to preserve fairness. A first response might be to limit the number of referrals to a provider. While this may seem justifiable on the surface, it is more likely to be seen as discriminatory. As a result, the Victims of Crime Program should not engage in this practice to avoid being accused of restraint of trade. Historically, managed care contracts have included terms that allow the provider to be removed from a panel with no justification being given. These terms have been recently challenged in the courts, and it is likely that they will be found to be unenforceable. Therefore, the Victims of Crime Program must develop a procedure that is clear and fair, for the process of removing a provider from the panel. Any criteria that are developed will need to be highly specific, and reviewed for any discriminatory content. The Victims of Crime Program will also need to be sure to include all likely criteria

that might arise as to circumstances which might lead to dismissal from the panel. Finally, a procedure to ensure due process must be developed.

Review of QA/UR Processes and Procedures

The Victims of Crime Program will conduct a review of current procedures and protocol on a six-month interval. Information should be solicited from both program staff and providers. Any recommendations or suggestions for change in the contracts or procedures would require 30 days notice to providers in order to change the terms of any contract.

References

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